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Item 9, FilmG184 7-25-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Dorchester MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Woolford

LENGTH OF STAY (in this place) 39 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS (At General Store)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Dorchester

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Woolford X

STREET ADDRESS (If rural, give location) P.O.

3. NAME OF DECEASED: (Type or Print) (First) CLAUD (Middle) R. (Last) BROOKS

4. DATE OF DEATH (Month) JULY (Day) 15 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1-8-1888	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Merchant	Own General Store	Maryland	U.S.A.

13. FATHER'S NAME: Joseph W. Brooks

14. MOTHER'S MAIDEN NAME: Nicey Neild

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unknown	not known	Mrs. Ruby S. Brooks: Woolford, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Alfred R. Maryanov — ACTING M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 7/19/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-17-1955	Old Trinity	Church Creek, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7-19-55	Hilda Hall R.D.	LeCompte Funeral Service Cambridge, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Little Choptank River
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Seaford 46X-3
STREET ADDRESS (If rural, give location) Near Cannon, Del. 1

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Eleanor Chaffinch

4. DATE OF DEATH (Month) (Day) (Year) July 4 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: April 16, 1940
9. AGE last birthday: 15 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): School
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Chaffinch
14. MOTHER'S MAIDEN NAME: Mary Ellen Massey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: -
17. INFORMANT & ADDRESS: Mr. Mary Chaffinch, Seaford, Delaware

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

929.8
Immediate cause (a) Accidental drowning -
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY River
21c. Near (City or town) Cambridge (County) Dor. 09 (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7 - 4 - 55 1p M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒ 1
21f. HOW DID INJURY OCCUR? Stepped off in deep water.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mace Jr
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7/5/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/7/55
NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery
LOCATION (City, town, or county) Seaford (State) Delaware

DATE REC'D BY LOCAL REG. 7-5-55
REGISTRAR'S SIGNATURE John Mace M.D.
24. FUNERAL DIRECTOR ADDRESS Windsor Funeral Home, Seaford, Del.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06601

; 6596

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge-Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woolford
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) BENJAMIN (Last) CHESTER

4. DATE OF DEATH: (Month) July (Day) 22, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: July 11, 1895
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 0 Days 11 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Food Packing
11. BIRTHPLACE (State or foreign country): Dorchester County, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Chester
14. MOTHER'S MAIDEN NAME: Margaret Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -----
(If Yes, give war or dates of service) ------
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Emma Chester, Woolford, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 550.1
(A) Myocardial Failure — 6 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Toxic myocarditis — 10 days
DUE TO (C) Peritonitis & ruptured gangrenous appendicitis — 16 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis

19A. DATE OF OPERATION: 7/6/55
19B. MAJOR FINDINGS OF OPERATION: Ruptured gangrenous appendicitis Peritonitis
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6, 19 55, to 7/22, 19 55, that I last saw the deceased alive on 7/22, 19 55, and that death occurred at ..... M, from the causes and on the date stated above.
SIGNATURE M. D. [signature] ADDRESS Cambridge Md DATE SIGNED 7/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7/24/1955
NAME OF CEMETERY OR CREMATORY: Madison Cemetery
LOCATION (City, town, or county) (State): Madison, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9-24-55
REGISTRAR'S SIGNATURE: John Race, M. D.
24. FUNERAL DIRECTOR ADDRESS: Herbert M. St. Clair, Jr., Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06602

6597

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 13
STREET ADDRESS (If rural give location) 203 Hayward Street /

3. NAME OF DECEASED: (Type or Print) (First) NELLIE (Middle) MAY (Last) ELLIOTT

4. DATE OF DEATH: (Month) JULY (Day) 17 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 5-16-1911
9. AGE last birthday 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerry Lewis
14. MOTHER'S MAIDEN NAME: Mary Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. not known
17. INFORMANT & ADDRESS: Everett Elliott: Cambridge, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X
IMMEDIATE CAUSE (A) Carcinoma of cervix — INTERVAL BETWEEN ONSET AND DEATH 14 mos.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10-55, to 7-17-55; that I last saw the deceased alive on 7-17-55, and that death occurred at 5:20 P.M., from the causes and on the date stated above.
SIGNATURE Clarence E. Bunker M.D. ADDRESS 9 Race St. DATE SIGNED 7-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-20-1955
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-19-55
REGISTRAR'S SIGNATURE John Haze, M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06603

6598

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 CAMBRIDGE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 MERRICK CONV. HOME.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY TALBOT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TRAPPE 20X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) EDWARD (Last) FAULKNER

4. DATE OF DEATH: (Month) JULY (Day) 21 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED
8. DATE OF BIRTH: JAN. 8 1867
9. AGE last birthday 88 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM LABOR
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM FAULKNER.
14. MOTHER'S MAIDEN NAME: ? FLUHARTY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Harry Faulkner

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X
IMMEDIATE CAUSE (A) HYPERTENSION — INTERVAL BETWEEN ONSET AND DEATH: 10YRS

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) ARTERIOSCLEROSIS — 10YRS
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 APRIL 1955 to 21 JULY 1955, that I last saw the deceased alive on 20 JULY, 1955, and that death occurred at 11:15 A M, from the causes and on the date stated above.

SIGNATURE Walter E. Hunter M.D. ADDRESS Cambridge Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 7-23-55.
NAME OF CEMETERY OR CREMATORY UPPER BAMBURY
LOCATION (City, town, or county) (State) TRAPPE, TALBOT, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 7-25-55
REGISTRAR'S SIGNATURE John Shea, M. D.
24. FUNERAL DIRECTOR Maurice E. ADDRESS NEWNAM & SON. EASTON, MD

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06604

6614

Reg. Dist. No. 116

Items 13,14 Film G184 7-29-55 et

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X rural Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 13
STREET ADDRESS (If rural give location) 107 Peachblossom

3. NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) (Last) Fearins

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 25 1906

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Langford

14. MOTHER'S MAIDEN NAME: ? Gillis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records, Cambridge Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral Haemorrhage
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 28, 1955, to July 23 1955, that I last saw the deceased alive on July 22, 1955, and that death occurred at 3:00 A M, from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED
Thomas T. Dodge M.D. Cambridge Md 7-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7-25-1955
NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park
LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7-23-55
REGISTRAR'S SIGNATURE: John Race, M.D.

24. FUNERAL DIRECTOR ADDRESS: LeCompte Funeral Service Cambridge, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

06605

6615

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY: DORCHESTER — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X FISHING CREEK
LENGTH OF STAY (in this place): 7 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 NONE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: DORCHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FISHING CREEK X
STREET ADDRESS (If rural, give location): NONE 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ABNER	(EARL)	CORDIN	JULY	28	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	OCT. 19, 1894	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PLUMBER & ELECTRICAL	MARITIME	PENNA.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ABNER CORDIN	VINCETTA ALBERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES WW I	217-16-7487	MRS. LIDA R. CORDIN, FISHING CREEK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
162X Immediate cause	(a) Generalized carcinomatosis	?
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchiogenic carcinoma, left lung	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 12, 1955	Biopsy lymph node → squamous cell carcinoma	Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from Mar 12, 1955, to ....., 19....., that I last saw the deceased alive on July 18, 1955, and that death occurred at 8:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
Lewis M. Burdette	M.D. Cambridge, Md.	July 28, 1955

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	July 30 1955	SPRING HILL CEMETERY	EASTON, MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7-28-55	John Hale M.D.	W. Frampton Carroll, Easton, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

06606

MARYLAND — STATE DEPARTMETT OF HEALTH

6599

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 13 Cambridge — LENGTH OF STAY (in this place) 65 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 13
STREET ADDRESS (If rural, give location) 127 Mill St 1

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Jessie	Sophronia	Hackett		7	1	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	10/28/1881	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own Home	Maryland	U.S.A.

13. FATHER'S NAME: Thomas B. Hackett

14. MOTHER'S MAIDEN NAME: Sophronia Howett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			J. Grover Hackett, Vienna, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Pulmonary embolus sec. to Popliteal thrombosis bilat. gangrene

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Bilateral Popliteal artery Thrombosis c gangrene — 5 days

(c) Arterio-sclerotic CVD c failure — 8 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dislocation L hip bilateral sec. to childhood injury — 71 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Apr, 1955, to July 1, 1955, that I last saw the deceased alive on June 30, 1955, and that death occurred at 8:07 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James A. Thompson	M D	Cambridge Md	July 2, 55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	7/3/55	Cambridge	Cambridge	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 3. 1955	John Mace, Jr. M.D.	Luke D. Willoughby	East New Market Md

6610 06697

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN 13 Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 415 Henry Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge 13
STREET ADDRESS (If rural, give location) 415 Henry Street 1

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Chase (Last) Haring Sr.

4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar.10,1891

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Driver self employed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cambridge

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Elijah P.Haring

14. MOTHER'S MAIDEN NAME: Henrietta L.Westbrook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 217-10-8041

17. INFORMANT & ADDRESS: Norma T.Haring,415 Henry St.,Cambridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 420.1 (a) Coronary embolus — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Alfred R. Maryanov M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 7/23/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 26,1955 NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park LOCATION (City, town, or county) Cambridge,Md. (State)

DATE REC'D BY LOCAL REG. 7-26-55 REGISTRAR'S SIGNATURE John Thace, M.D.

24. FUNERAL DIRECTOR Kenneth R.Thomas,Cambridge,Md. ADDRESS

6616 06608

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cambridge
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Church Hill 17X-2
STREET ADDRESS (If rural, give location) no street no.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) W. (Last) Hollingsworth

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 8-20-1887

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: General Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William B. Hollingsworth

14. MOTHER'S MAIDEN NAME: Jennie Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Unknown

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records - Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (903.7)	(a)	Terminal Broncho-pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	arteriosclerotic Cardio Vascular Renal Disease c̄ Failure	9 days
	DUE TO (c)	Inter-trochanteric Fract. Rt. Femur	9 days
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Acute Brain Syndrome	1 year +

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☑ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Hospital

21c. (City or town) Cambridge (County) Dorchester (State) Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 27 1955 — M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Slipped on floor & fell

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Eldridge H. Wolff MD M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 7-7-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: July 9-55
NAME OF CEMETERY OR CREMATORY: Chesterfield
LOCATION (City, town, or county): Centreville (State) Md

DATE REC'D BY LOCAL REG.: July 7, 1955
REGISTRAR'S SIGNATURE: John Mace, M.D.

24. FUNERAL DIRECTOR: Edgar L. Lane ADDRESS: Church Hill Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06609

Item 9, Film G184 8-4-55 et

CERTIFICATE OF DEATH

66 21

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Cambridge
LENGTH OF STAY (In this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Toddville
STREET ADDRESS (If rural give location) Toddville, Md.

3. NAME OF DECEASED: (Type or Print) (First) Mosdia (Middle) Harrison (Last) Jones

4. DATE OF DEATH: (Month) July (Day) 23, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Feb. 2, 1872

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Toddville

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Harrison

14. MOTHER'S MAIDEN NAME: Susan Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Kenneth R. Jones, Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 23 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. arteriosclerosis — undet.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2, 1955, to 7/23, 1955, that I last saw the deceased alive on 7/23, 1955, and that death occurred at 2:50 P M, from the causes and on the date stated above.

SIGNATURE Alfred R. Marganow M.D. ADDRESS 136 Race St, Cambridge DATE SIGNED 7/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 25, '55 — NAME OF CEMETERY OR CREMATORY Robinson Family Cemetery — LOCATION (City, Town, or county) Bishops Head, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 7-25-55

REGISTRAR'S SIGNATURE John Race, M.D.

24. FUNERAL DIRECTOR Kenneth R. Thomas ADDRESS Cambridge, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06610

6602

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 536 Race Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
STREET ADDRESS (If rural give location) 536 Race Street 1

3. NAME OF DECEASED: (Type or Print) (First) TIMOTHY (Middle) (Last) JONES

4. DATE OF DEATH: (Month) JULY (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-27-1863

9. AGE last birthday 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10B. KIND OF BUSINESS OR INDUSTRY: Own General Merchantile

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Silas Jones

14. MOTHER'S MAIDEN NAME: Racheel Pritchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. not known

17. INFORMANT & ADDRESS: Mrs. T.M. Hurley: Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) DUE TO Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 20 days

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/17, 1955, to 7/7, 1955 that I last saw the deceased alive on 7/7, 1955, and that death occurred at 11:45 A M, from the causes and on the date stated above.

SIGNATURE Lawrence Maryanov M. D. ADDRESS 136 Race St. Cambridge Md DATE SIGNED 7/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7-10-1955

NAME OF CEMETERY OR CREMATORY East New Market Cemetery

LOCATION (City, town or county) (State) East New Market, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-11-55

REGISTRAR'S SIGNATURE John Race

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06611

6617

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Cambridge
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 (Daniel Smith Farm)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cambridge X
STREET ADDRESS (If rural give location) / (Daniel Smith Farm)

3. NAME OF DECEASED: (Type or Print) (First) VERDONA (Middle) HURLEY (Last) KINNAMON

4. DATE OF DEATH: (Month) JULY (Day) 21 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 1-17-1879 | 9. AGE last birthday 76 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levin H Hurley
14. MOTHER'S MAIDEN NAME: Octavia E. Langrall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Daniel Smith: RFD Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary heart disease — 9 yrs.
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Auricular fibrillation, cerebral
DUE TO (C) Hemorrhage & Hemiplegia — 4 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile psychosis — 5 yrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6-, 1954 to 7-24, 1955, that I last saw the deceased alive on June 29, 1955, and that death occurred at 4:05 P.M., from the causes and on the date stated above.
SIGNATURE Walter E Bunker M.D. M. D. ADDRESS 9 Race St. Cambridge DATE SIGNED 7-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7-24-1955 | NAME OF CEMETERY OR CREMATORY East New Market Cemetery | LOCATION (City, town, or county) (State) East New Market, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-24-1955 | REGISTRAR'S SIGNATURE John Race, M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

6618

06612

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. (Phillips farm)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 13 / Pine Street

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) (Last) Little

4. DATE OF DEATH (Month) July (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 15, 1903

9. AGE last birthday: 52 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm labor

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Little

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Arthur Cook, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

931.1

Immediate cause (a) Heat Stroke — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Farm

21c. (City or town) Cambridge (County) Dor. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) 7-28-55 (Hour) 4.45p M

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? Heat stroke (Very hot day)

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mace Jr M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7/30/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF August 1
NAME OF CEMETERY OR CREMATORY Waugh Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. 7-30-55
REGISTRAR'S SIGNATURE John Mace, M.D.

24. FUNERAL DIRECTOR Herbert St. Clair ADDRESS Cambridge, Md.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

AUG 5 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06613

6613

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 13 Cambridge
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott 13X-2
STREET ADDRESS (If rural give location) P.O.

3. NAME OF DECEASED: (Type or Print) (First) GODFREY (Middle) C. (Last) LUTHY

4. DATE OF DEATH: (Month) JULY (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-22-1868

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Own General Farm

11. BIRTHPLACE (State or foreign country): Berne, Switzerland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Luthy

14. MOTHER'S MAIDEN NAME: Mary Ann Luthy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. not known

17. INFORMANT & ADDRESS: John Luthy; RFD#1. Cambridge, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 442X	(A) Myocardial Failure	3 hours
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Uremia	2 weeks
	(C) DUE TO Arteri sclerotic cardiovascular renal disease	?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID ~~(City or town)~~ (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12, 1955, to 7-1, 1955, that I last saw the deceased alive on 7-1, 1955, and that death occurred at 3:50 A.M, from the causes and on the date stated above.

SIGNATURE Eldridge Hedorff M. D. ADDRESS Cambridge, Maryland DATE SIGNED 7-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7-3-1955

NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR July 7, 1955

REGISTRAR'S SIGNATURE John Muir M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

6614 06614

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge
LENGTH OF STAY (in this place) 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Galestown
STREET ADDRESS (If rural, give location) RFD #2 Cambridge, Md.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Washington (Last) Maston
4. DATE OF DEATH (Month) July (Day) 2 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 19, 1871
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Retail Store
11. BIRTHPLACE (State or foreign country): Sussex Co. Delaware
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Maston
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Marshall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	9 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio Sclerosis	10 years
DUE TO		
	(c) Manic Depressive Reaction Depressive Type	over 14 years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fractured Hip

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) OF INJURY June 24, 1955 12:15 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell to floor while arising from chair

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mace M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 6, 1955
NAME OF CEMETERY OR CREMATORY Galestown Cemetery
LOCATION (City, town, or county) (State) Galestown, Maryland

DATE REC'D BY LOCAL REG. 7-6-55
REGISTRAR'S SIGNATURE John Mace M.D.
24. FUNERAL DIRECTOR J.J.Frampton and Son, Federalsburg, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06615

6605

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge, Maryland 13
STREET ADDRESS 123 Mill Street (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Verona (Middle) Allen (Last) Meekins

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 9, 1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Allen, Wicomico County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph R. C. Allen

14. MOTHER'S MAIDEN NAME: Mary Phoebus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: J.Allen Meekins, Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) ANTERO-LATERAL MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 3 WEEKS

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 JAN, 19 48, to 22 JULY 55, that I last saw the deceased alive on 22 JULY, 19 55, and that death occurred at 12 Noon M, from the causes and on the date stated above.

SIGNATURE Walter E. Hurley Jr. M. D. ADDRESS Cambridge Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF July 24, 1955

NAME OF CEMETERY ~~OR CREMATORY~~ Cambridge

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-24-55

REGISTRAR'S SIGNATURE John H. Lane, M.D.

24. FUNERAL DIRECTOR Kenneth R. Thomas ADDRESS Cambridge, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06616

6606

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
STREET ADDRESS (If rural give location) 167 Washington St 1

3. NAME OF DECEASED: (Type or Print) (First) Jooelyn (Middle) L. (Last) Opher

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 11, 1954

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 1 Days 5 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Dorchester-County-Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Emerson Opher

14. MOTHER'S MAIDEN NAME: Catherine Ennals

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - - (If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT & ADDRESS: Father 167 Washington St-Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

344X

Immediate cause (a) Hydrocephalus

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Dec, 1955, to 16 Jul, 1955, that I last saw the deceased alive on 16 Jul, 1955, and that death occurred at 10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. EDWIN FASSETT, M.D.-227 Pine St-Camb., Md. July 16, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-17-55

NAME OF CEMETERY OR CREMATORY Bethel Cemetery

LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR 7-19-55

REGISTRAR'S SIGNATURE John Hance M. D.

24. FUNERAL DIRECTOR ADDRESS H.M. StClair, Jr., High St-Camb. Md.

06617

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film 185 8-12-55 et

6617

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
STREET ADDRESS (If rural give location) Travers & Willis Sts.

3. NAME OF DECEASED: (Type or Print) (First) ROSALIE (Middle) PAUL (Last) PISAK

4. DATE OF DEATH: (Month) JULY (Day) 31 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 8-19-1873
9. AGE last birthday 81 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M. Paul
14. MOTHER'S MAIDEN NAME: Emma Mishwitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Miss. Barbara Vincint: Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 442X	(A) Uremia	4 wks
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Nephrosclerosis	8 mos.
DUE TO	(C) Arteriosclerotic C.V. Disease	yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Enlarged Colon — yrs.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sue, 19 54, to 7-31, 19 55 that I last saw the deceased alive on ~~7-31-55 10 A.M.~~, 19 ....., and that death occurred at 10 03/4 M, from the causes and on the date stated above.

SIGNATURE E. R. Bammann M. D. ADDRESS Cambridge DATE SIGNED 8-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8-2-1955
NAME OF CEMETERY OR CREMATORY: Ferncliffe Cemetery
LOCATION (City, town, or county) (State): Hartsdale, New York

DATE REC'D BY LOCAL REGISTRAR: 8-1-55
REGISTRAR'S SIGNATURE: John Hall, M.D.
24. FUNERAL DIRECTOR ADDRESS: LeCompte Funeral Service Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06618

6619

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X rural Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall 14X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) LOUIS (Middle) HOWARD (Last) PORTER

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 12/25/83
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Porter
14. MOTHER'S MAIDEN NAME: Mina Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) Cerebral hemorrhage
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral arteriosclerosis DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15/52, 19..., to 7/18, 1955, that I last saw the deceased alive on 7/18, 1955, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

SIGNATURE Thomas T. Pudge M.D. ADDRESS E.S.S.H., Cambridge, Md. DATE SIGNED 7/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF July 21, 1955 | NAME OF CEMETERY OR CREMATORY Chesterlown | LOCATION (City, town, or county) (State) Chesterlown Kent Md.

DATE REC'D BY LOCAL REGISTRAR 7-19-55 | REGISTRAR'S SIGNATURE John Thacc M.D. | 24. FUNERAL DIRECTOR Edgar S Lane ADDRESS Church Hill

6620

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06619

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X rural Cambridge
LENGTH OF STAY (in this place) 3 Mo's 15 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cordova 20X-2
STREET ADDRESS (If rural give location) None ✓

3. NAME OF DECEASED: (First) Lacy (Middle) (Last) Robinson
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: JUNE 10 1879
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unk
14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S ADDRESS: Mrs. L. Robinson Cordova, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X IMMEDIATE CAUSE (A) Broncho-Pneumonia — Unk

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cerebral Arteriosclerosis

DUE TO (C) Asia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 10, 1955, to July 2, 1955, that I last saw the deceased alive on July 1, 1955, and that death occurred at 12:20 AM, from the causes and on the date stated above.

SIGNATURE Thomas Pudge M.D. ADDRESS Cambridge Md DATE SIGNED 7-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7/5/55
NAME OF CEMETERY OR CREMATORY: Greensboro
LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REGISTRAR: 7/2/55
REGISTRAR'S SIGNATURE: John Mace M.D.
24. FUNERAL DIRECTOR: J. E. Boulois ADDRESS: Greensboro, Md.

06620

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6621

CERTIFICATE OF DEATH

Reg. Dist. No. 111

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X East New Market, R.F.D.
LENGTH OF STAY (in this place) 51 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 East New Market R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) East New Market, R.F.D. X
STREET ADDRESS (If rural give location) East New Market, R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) Amelia (Last) Schlueter

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 6, 1871

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greenville, Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Peters

14. MOTHER'S MAIDEN NAME: Fredericks Silverstorch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Wm.F.Schlueter, East New Market, R.F.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X
IMMEDIATE CAUSE (A) Metastatic Adenocarcinoma
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Source: Rt. Mammary gland — 10/7/49
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Oct. 7. 1949 | 19B. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Rgt. Breast. | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 19 55, to July 2, 19 55, that I last saw the deceased alive on July 2, 19 55, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS Cambridge Md DATE SIGNED July 4. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF July 5, 1955 | NAME OF CEMETERY OR CREMATORY East New Market Cemetery | LOCATION (City, town, or county) (State) East New Market, Md.

DATE REC'D BY LOCAL REGISTRAR 7-5-55 | REGISTRAR'S SIGNATURE Elizabeth C Smith | 24. FUNERAL DIRECTOR ADDRESS Kenneth R. Thomas, Cambridge, Md.

6622

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06621 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Woolford
LENGTH OF STAY (in this place) entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Woolford

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cannon 46 X-3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Everett (Middle) Philip (Last) Shenton

4. DATE OF DEATH: (Month) July (Day) 4, (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept. 20, 1948

9. AGE last birthday: 6 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) student

10b. KIND OF BUSINESS OR INDUSTRY: school

11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Philip Henry Shenton

14. MOTHER'S MAIDEN NAME: Velma Seabrease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Philip H. Shenton, Cannon, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

929.8
Immediate cause (a) Accidental Drowning — Interval Between Onset and Death: Instant

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY river

21c. (City or town) nr. Cambridge, (County) Dorchester (State) Md.

21d. TIME OF INJURY (Month) (Day) 7-4-55 (Year) (Hour) 1 PM.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Drowned while bathing

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mace Jr M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-5-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7-6-55

NAME OF CEMETERY OR CREMATORY Old Trinity Churchyard

LOCATION (City, town, or county) Church Creek, (State) Md.

DATE REC'D BY LOCAL REG 7/6/1955

REGISTRAR'S SIGNATURE John Mace M.D.

24. FUNERAL DIRECTOR ADDRESS Kenneth R. Thomas, Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06622

6608

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Governors Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 13
STREET ADDRESS (If rural give location) Governors Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) JANE (Last) SHORTER

4. DATE OF DEATH: (Month) JULY (Day) 15 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 9-12-1853

9. AGE last birthday 101 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jarrett Shorter

14. MOTHER'S MAIDEN NAME: Susan Paul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. George Slacum : Cambridge, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic Heart disease — 15 yrs
DUE TO

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Decubitus ulcers — 3 mos.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-25, 1951 to 7-15, 1955 that I last saw the deceased alive on 7-15 1955, and that death occurred at 9:20 P M, from the causes and on the date stated above.

SIGNATURE Albert E Bunker M. D. ADDRESS 9 Race St, Cambridge-Md. DATE SIGNED July 18, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7-18-1955

NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

LOCATION (City, town or county) Cambridge, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 7-18-55

REGISTRAR'S SIGNATURE John Hall, Jr. D.

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

06623

6623

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Race Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) Race Street

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) SHORTER (Last) SLACUM

4. DATE OF DEATH (Month) JULY (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-7-1893

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hayward Shorter

14. MOTHER'S MAIDEN NAME: Sophronia Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. Harry Slacum, Race Street, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occulsion — INTERVAL BETWEEN ONSET AND DEATH: 5 Min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 7/9/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7-10-1955 — NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park — LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. 7-10-55 — REGISTRAR'S SIGNATURE Dr. John Race

24. FUNERAL DIRECTOR LeCompte Funeral Service — ADDRESS Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06624

6610

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 61 Park Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13/1
STREET ADDRESS (If rural give location) 61 Park Lane

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) STAFFORD

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 17, 1903

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months 2 Days 7 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Homemaking

11. BIRTHPLACE (State or foreign country): Dorchester County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levin Cephas

14. MOTHER'S MAIDEN NAME: Annabell Stanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ——— (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Joseph A. Stafford, Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1717X
IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) DUE TO Epidermoid Carcinoma of cervix with ~~generalized~~ metastasis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to 24 July, 1955, that I last saw the deceased alive on 24 July 1955, and that death occurred at / M, from the causes and on the date stated above.

SIGNATURE Edwin Stafford M. D. ADDRESS 227 Pine St Cambridge Md DATE SIGNED 25 July 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/29/1955
NAME OF CEMETERY OR CREMATORY Christ Rock Cemetery
LOCATION (City, town, or county) (State) RFD #1 Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR 7-27-55
REGISTRAR'S SIGNATURE John Thaves M. D.
24. FUNERAL DIRECTOR Herbert M. St. Clair, Jr., ADDRESS Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06625

6623

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Andrews
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Andrews X
STREET ADDRESS (If rural give location) P.O. /

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) ROLLINGS (Last) TODD

4. DATE OF DEATH (Month) JULY (Day) 15 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 2-9-1887
9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10B. KIND OF BUSINESS OR INDUSTRY: Fishing Indust
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert J. Todd
14. MOTHER'S MAIDEN NAME: Mary Wroten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. not known
17. INFORMANT & ADDRESS: Mrs. Eva S. Todd: Andrews, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X IMMEDIATE CAUSE (A) Cardiac failure — 1 yr

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic nephritis — 1yr

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1955, to July 15, 1955, that I last saw the deceased alive on July 11, 1955, and that death occurred at 11:50 A.M, from the causes and on the date stated above.

SIGNATURE Alfred R. Morgan M.D. ADDRESS 136 Race St, Cambridge DATE SIGNED 7/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-17-1955
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 7-19-55
REGISTRAR'S SIGNATURE John G. Hall M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

6624

06626

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rhodesdale
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (First) Tyronne (Middle) (Last) Wongus
4. DATE OF DEATH (Month) 7 (Day) 18 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 6, 1955
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days 12 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Wongus
14. MOTHER'S MAIDEN NAME: Edna Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: I da Mason, Rhodesdale, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
7720
Immediate cause (a) Malnutrition
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: 1 Mo.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mason Jr. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7/19/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 19, 1955
NAME OF CEMETERY OR CREMATORY Rhodesdale Cemetery
LOCATION (City, town, or county) (State) Rhodesdale, Maryland

DATE REC'D BY LOCAL REG. July 19-1955
REGISTRAR'S SIGNATURE Chas W Hastings
24. FUNERAL DIRECTOR J.J.Frampton and Son, ADDRESS Federalsburg, Md.

405538 15396

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH:

COUNTY: MARYLAND

CITY (If within corporate limits, write RURAL)
OR
TOWN

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEDENT:

STATE: COUNTY

CITY (If within corporate limits write RURAL and give section town)
OR
TOWN

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last)

4. DATE OF DEATH: (Month) (Day) (Year)

5. SEX: 6. COLOR OR RACE: 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: Years | If under 1 year, Months | Days | If under 24 hrs. Hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY:

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. INFORMANT & ADDRESS:

16. Was Decedent Ever in U.S. Armed Forces? (If yes, give war or dates of service)

16a. Social Security No.:

17. MEDICAL CERTIFICATION

17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a)

Antecedent causes (b)

Morbid conditions, if any, giving rise to the above cause (stating the underlying cause last) (c)

(d)

17a. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 17.

17b. DATE OF OPERATION: 17c. MAJOR FINDING OF OPERATION:

17d. AUTOPSY? Yes ☐ No ☐

17e. WAS CASE REFERRED TO CORONER? PRIMARY ☐ or CONTRIBUTORY ☐

CAUSE OF DEATH: (Enter only one cause per line for (a), (b), (c) and (d).)

PLACE: (Street and number or R.F.D., City or Town, State) DATE: (Month, Day, Year) 17a. DURATION: Between onset and death

17b. DURATION: Between injury and death

17c. INJURY OCCURRED: Work ☐ Not Work ☐

17d. DESCRIBE HOW INJURY occurred

18. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined ☐.

SIGNATURE: OTHER MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM

19. BURIAL, CREMATION, REMOVAL (Specify): DATE FILED: NAME OF CEMETERY OR CREMATORY: LOCATION (City or County):

20. FUNERAL DIRECTOR: STATE NO.: ADDRESS:

21. NAME OF REGISTRAR:

22. DATE RECEIVED BY REGISTRAR:

BUREAU V. S.

JUL 27 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06627

6625

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge X
LENGTH OF STAY (in this place) 12 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital 16

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillsboro 20 X-2
STREET ADDRESS (If rural give location) √

3. NAME OF DECEASED: (First) SALLIE (Middle) FAULKNER (Last) WOOTERS
4. DATE OF DEATH: (Month) JULY (Day) 19 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	10-24-81	73 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Faulkner
14. MOTHER'S MAIDEN NAME: Mandy Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
174X IMMEDIATE CAUSE	(A) Cancer of the uterus	?
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7, 1955 to 7-19, 1955, that I last saw the deceased alive on 7-18, 1955, and that death occurred at 6.05 P.M., from the causes and on the date stated above.
SIGNATURE Harry E. Cumings M.D. ADDRESS Eastern Shore State Hospital DATE SIGNED 7/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 22 1955
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-23-55
REGISTRAR'S SIGNATURE John Haas, M.D.
24. FUNERAL DIRECTOR Maurice F. Newnam & Son ADDRESS Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06628

6611

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 435 High Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 435 High Street

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) CHASE (Last) YOUNG

4. DATE OF DEATH: (Month) July (Day) 27, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 1, 1889
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months 2 Days 26 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Domestic Work
11. BIRTHPLACE (State or foreign country): Dorchester Co., Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Noah Holland
14. MOTHER'S MAIDEN NAME: Adeline Mc Glotten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ----
(If Yes, give war or dates of service) -------
16. SOCIAL SECURITY NO. 218-20-6173
17. INFORMANT & ADDRESS: Mrs. Helen Demby, Phila., Pa

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic heart disease
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cardiac Decompensation DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Very large uterine fibroid

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Jul, 1955 to 27 Jul, 1955, that I last saw the deceased alive on 27 Jul, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE J. Edwin Fassett
ADDRESS J. EDWIN FASSETT, M.D. 227 Pine St-Camb.,Md.,
DATE SIGNED 31 Jul 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7/31/1955
NAME OF CEMETERY OR CREMATORY: Waugh Cemetery
LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-2-'55
REGISTRAR'S SIGNATURE: John Race, M.D.
24. FUNERAL DIRECTOR ADDRESS: Herbert M.St.Clair,Jr.,Cambridge,Md.